

CONTACT DETAILS & INFORMATION			
Name of young person		Date of Birth	
School		School Year	
Home Address		Home phone	
		Mobile phone (parent/guardian)	
		Other emergency contact number	
Parent(s)' Name(s)			
preferred E-mail contact			
MEDICAL INFORMATION			
<ul style="list-style-type: none"> Please provide details of any medical condition or disability, allergies, dietary needs, special needs 			
CONSENT			
Do you consent to photos being taken of your child for local display or publicity?			
Do you consent to un-named photos being used on the church website?			
In an emergency, if I cannot be contacted, I give permission for my child to receive first aid or necessary hospital treatment, including anaesthetic.			
I give permission for my child to take part in organised trips to activities off site and to travel with a driver deemed responsible according to child protection guidelines.			
I give permission for recognised youth leaders to use electronic means of communication with my child (eg mobile phones, e-mail, facebook etc)			
Parent/Guardian to sign and print name: (A signature is not required if you have been emailed this form already completed and you send an email either confirming the content is correct or listing any amendments necessary)			
Date			